Attorney Docket No.: 0010-2

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Andrew S. Kanter

Group Art Unit:

3622

Serial No.:

09/909,644

Examiner:

N/A

Filed: For:

July 20, 2001

INTERNET ADVERTISING

Matter No.:

0010-2

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

August 15, 2005

RESPONSE TO NOTICE REQIRING EXCESS CLAIMS FEES

Filing Date Granted

Sir:

In response to the Notice Requiring Excess Claims Fees dated July 20, 2005, enclosed herewith is Check No. 3524 made payable to the Director of U.S. Patents and Trademarks in the amount of \$200 to cover the outstanding claims fees. Also enclosed are (i) a copy of the Notice Requiring Excess Claims Fees; and (ii) a return address postcard for confirming receipt of these documents by the U.S. Patent and Trademark Office.

In view of the documents enclosed herewith, it is respectfully submitted that the application is in condition for further processing.

Respectfully submitted,

Andrew S. Kanter

Ernest D. Buff His Attorney Reg. No. 25,833

Enclosures

08/18/2005 HVUONG1 00000003 09909644 01 FC:2201 200.00 OP Ernest D. Buff & Associates, LLC 231 Somerville Road Bedminster, New Jersey 07921 (908) 901-0220

Dated:

August 15, 2005

Certificate of Mailing by First Class Mail

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 15, 2005

Signature

Ernest D. Buff
Attorney of Record

August 15, 2005
(Date)

0010-2-MPRL



Commissioner for Patents United States Patent and Trademark Office P.O. Box 1450 Alexandria, VA 22313-1450 www.uspto.gov

NOTICE REQUIRING EXCESS CLAIMS FEES 6-27-05 + 7-15-05 is not accompanied by the appropriate payment of excess claims fees set forth in 37 The excess claim(s) filed on CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three (§ 1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) (§ 1.16(i)), and each application that contains a multiple dependent claim (§ 1.16(i)). Since the application is not under a final rejection, applicant is given a time period of ONE (1) MONTH or THIRTY (30) DAYS from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of \$_____, or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid ABANDONMENT. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment. 1. The funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge. The Credit Card payment to cover the entire fee due to Account ____ (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge. 3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice. The fee submitted in this application is insufficient. A balance of \$ _____ is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)). 5. Other.

Explanation (Provide specific details of the required correction in order to assist the applicant. Indivite service charge has been added to the fee due):

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH . 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPICTOR REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm

Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Technical Support Staff (TSS)

Note to TSS: Please do NOT use this notice if the application is under a final rejection.

Application or Docket Number PATENT APPS CATHON FEE DETERMINATION RECORD 909644 Effective October 1, 2000 CLAIMS AS FILED - PART I **SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE [OR SMALL ENTITY **TOTAL CLAIMS** 0 RATE FEE RATE FEE **FOR** NUMBER FILED NUMBER EXTRA **BASIC FEE** 355.00 BASIC FEE 710.00 OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X40= X80= OR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) SMALL ENTITY SMALL ENTITY (Column 2) (Column 3) OR CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT ENDMENT TIONAL TIONAL **AFTER PREVIOUSLY** RATE RATE **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus 2090 X40 =X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-REMAINING ADDI-NUMBER PRESENT AMENDMENT **AFTER PREVIOUSLY** RATE TIONAL **EXTRA** RATE TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X40 =X80= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +135= +270= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ADDI-NUMBER PRESENT ADDI-AMENDMENT AFTER PREVIOUSLY RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X40 =X80= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

+270=

ADDIT, FEE

TOTAL

+135=

ADDIT. FEE

TOTAL